

CLAIMS ONLY						Application Number <i>10700050</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	1						
2							
3							
4							
5							
6							
7							
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16							
17							
18							
19							
20							
21	1						
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44							
45							
46							
47							
48							
49							
50							
Total							
Indep							
Total							
Depend							
Total Claims							